

## **GAS INTEGRITY MANAGEMENT REPORTING**

Report Date
No
(DOT Use Only)

## INSTRUCTIONS

Important:

Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the Office Of Pipeline Safety Web Page at <a href="http://ops.dot.gov">http://ops.dot.gov</a>.

GENERAL REPORT INFORMATION			
Date:			
Period Ending:			
OPERATOR INFORMATION			
Operator ID: \ \ \ \ \			
Operator Name:			
CONTACT INFORMATION			
Contact:			
E-mail address:			
CONFIDMATION (I()			
CONFIRMATION (select one)			
responsibility to com 2005	eliminary baseline assessments for the Gas Integrity Management Program and I am aware of my operator ply with the program requirements. I understand that I will be required to submit full reporting no later than March 15, my assessment. Provide narrative description of how you plan to achieve program compliance within the designated		
RELATED OPERATORS INCL	ODED IN THE PLAN		
OPERATOR ID	OPERATOR NAME		